Attorney Docket No. 3347-0104PUS1

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: **YOU MUST** COMPLETE THE FOLLOWING

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is is

	claimed and for which a patent is sought on the invention entitled:							
Insert Title:	DISPENSING CUP	• • • • • • • • • • • • • • • • • • • •	-vii Cimuçu,					
	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorn docket number as set forth above and/or the following:							
Fill in Appropriate Information –	The specification was filed on October 18, 2005 as United States Application Number							
For Head tallet	and amended on (if applicable) and/or							
For Use Without Specification	the specification was filed on 04/13/2004 as PCT International Application Number PCT/HU2004/000034;							
Attached:	and was amended on (if and it is a second of the second of							
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.							
	I do not know and do our invention thereof, or p thereof or more than one y of America more than one an inventor's certificate issu on an application filed by prior to this application an	o not believe the same was ever patented or described in any p ear prior to this application, the year prior to this application, to year prior to this application, to aed before the date of this app the or my legal representative of that no application for	er known or used in orinted publication is at the same was not; that the invention ha lication in any count or assigns more tha	the United States of A n any country before in public use or on sal s not been patented o try foreign to the Uni in twelve months (six	America before my or our in the United That the States of Act months for Community for	e my or vention d States bject of America lesigns)		
Insert Priority Information (if appropriate)  Insert Provisional	prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any except as follows.							
	I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or patent o							
	Prior Foreign Applicati	on(s)	-ppacacon ( witte		Priority Clai			
	U0300103	Hungary	•	April 18, 2003	x	inea .		
	(Number)	(Country)	(Month	/Day/Year Filed)	- Yes	No		
	P0303380	Hungary		April 18, 2003	×			
	(Number)	(Country)	(Month	/Day/Year Filed)	Yes	No		
	(Number)	(Country)	(Month	/Day/Year Filed)	Yes	No		
	(Number) (Country) (Month/Day/Year Filed) Yes No I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s)							
Application(s):	/Appliesting NI 1 1							
Application Number) (Filing Date)					-			
	(Application Number) (Filing Date)							
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:							
Insert Requested Information (if appropriate)	Compty.	Applicati	ion Number	Date of Filing (M	lonth/Day/Y	(ear)		
	hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
A Seri Prior U.S.	(Application Number)	(Filing Date)		tatus - patented, pen	diam at a s			
(17 THIY)	(Application Number)	(Filing Date)				-		
		(r marg Date)	(5)	tatus - patented, pen	uing, abando	ned)		
(Rev. 05/2004)		Page 1 of 2						

Birch, Stewart, Kolasch & Birch, LLP

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P-0526 US

Attorney Docket No. 3347-0104PUS1

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary. practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP) Telephone: (703) 205-8000 Facsimile: (703) 205-8050

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THE FOLLOWING:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First	CIVEN MANTE / EAVIT V MANTE								
or Sale Inventor. Insert Name of	GIVEN NAME/FAMILY NAME  Listván LINDMAYER	INVENTORSSIGNATURE		DATE*					
Inventor Insent Date This		11.13.0	-	DEC. 12, 2005					
Document is Signed	residence (City, State & Country)		CITTOTES	1					
Insen Residence	Döbrököz, Hungary		CITIZENS	5HIP Hungary					
Insert Post Office Address -	Homoknegy u. 12; Dobrokoz H-7228; HUN	MAILING ADDRESS (Complete Street Address including City, State & Country)  Homokhegy u. 12; Döbrököz H-7228; HUNGARY							
Full Name of Second Liversion, if any; see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
1	Residence (City, State & Country)	<del></del>	CITIZENS	SHIP					
1	MAILING ADDRESS (Complete Street Add	tress including City, State & Country)	,						
Full Name of Third Inventor, if any: new above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENS	HIP .					
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Fourth Inventor, if evy: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENS	HIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Fifth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE							
Inventor, if any: see above		INVENTORS SIGNATURE	1	DATE*					
1	Residence (City, State & Country)	CITIZENS	HIP						
	MAILING ADDRESS (Complete Street Addr	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of State Loventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
1	Residence (City, State & Country)		CITIZENSI	HIP					
	MAILING ADDRESS (Complete Street Addr	MAILING ADDRESS (Complete Street Address including City, State & Country)							
				( <u></u>					

\*DATE OF SIGNATURE

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